

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORMS TO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/522997

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	C	C				
3		I				
4		I				
5	I					
6		I				
7		I				
8		I				
9		I				
10		I				
11	I					
12	I					
13	C	C				
14		I				
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TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	9	←		←		←
TOTAL CLAIMS	13					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						